POSITI N	INITIALS ID NO.	DATE	
FEE DETERMINATION O.L.P.E. CLASSIFIER			
F RMALITY REVIEW	 	 	
RESPONSE FORMALITY REVIEW			
	1115TV OF 01 AMAD	<u> </u>	
V	INDEX OF CLAIMS Rejected N	Non-elected	
(Through numeral)	Allowed I	Interference	
+ (THOUGH NUMERAL)	Restricted O		
aim Date	Claim Date	Claim Date	13
1	} 		
	Original	Onginal	. (4)
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3	53	103	
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10	60	110	BEST AVAILABLE COP
12	62	112	-1
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lf :	more than 150 claims or 10 actions staple additional shift here		don't have
	(LEFT INSIDE)		